ROLLING HILLS REHABILITATION CENTER

14345 COUNTY HIGHWAY B

SPARTA	54656	Phone: (608) 26	9-8800	Ownership:	County
Operated from	1/1 To 12/31	Days of Oper	ation: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/0	3): 100	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	100	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	88	Average Daily Census:	97

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No	. 2 2			응		18.2
Supp. Home Care-Personal Care	No			'			44.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	13.6	More Than 4 Years	22.7
Day Services	No	Mental Illness (Org./Psy)	38.6	65 - 74	14.8		
Respite Care	Yes	Mental Illness (Other)	5.7	75 - 84	35.2		85.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	30.7	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.7	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	1.1	1		Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	Yes	Cardiovascular	10.2	65 & Over	86.4		
Transportation	No	Cerebrovascular	13.6			RNs	10.7
Referral Service	No	Diabetes	6.8	Gender	용	LPNs	8.1
Other Services	Yes	Respiratory	8.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	15.9	Male	36.4	Aides, & Orderlies	60.1
Mentally Ill	No			Female	63.6		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes			1	100.0		
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Method of Reimbursement

		Medicare			edicaid			Other			Private Pay	:		amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	1.8	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	12	100.0	327	51	89.5	115	0	0.0	0	17	100.0	127	0	0.0	0	2	100.0	309	82	93.2
Intermediate				4	7.0	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.8	181	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		57	100.0		0	0.0		17	100.0		0	0.0		2	100.0		88	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	or Kesidents.	Condit	ions, Services, an	d Activities as of 12/	31/03
beachs burning Reporting Terrou					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	13.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.3	Bathing	15.9		59.1	25.0	88
Other Nursing Homes	2.8	Dressing	25.0		58.0	17.0	88
Acute Care Hospitals	66.1	Transferring	44.3		35.2	20.5	88
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.4		52.3	19.3	88
Rehabilitation Hospitals	0.0	Eating	53.4		30.7	15.9	88
Other Locations	10.1	******	******	*****	* * * * * * * * * * * * * * * * * *	******	*****
Total Number of Admissions	109	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	3.4	Receiving Resp	iratory Care	3.4
Private Home/No Home Health	23.0	Occ/Freq. Incontiner	nt of Bladder	52.3	Receiving Trac	heostomy Care	1.1
Private Home/With Home Health	28.3	Occ/Freq. Incontiner	nt of Bowel	29.5	Receiving Suct	ioning	1.1
Other Nursing Homes	7.1				Receiving Osto	my Care	1.1
Acute Care Hospitals	0.9	Mobility			Receiving Tube	Feeding	1.1
Psych. HospMR/DD Facilities	0.9	Physically Restraine	ed	2.3	Receiving Mech	anically Altered Diets	37.5
Rehabilitation Hospitals	0.0						
Other Locations	11.5	Skin Care			Other Resident C	haracteristics	
Deaths	28.3	With Pressure Sores		3.4	Have Advance D	irectives	92.0
Total Number of Discharges	1	With Rashes		6.8	Medications		
(Including Deaths)	113				Receiving Psyc	hoactive Drugs	35.2

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Ownership: Government		Bed	Size:	Lic	ensure:		
	This			100	-199	Ski	lled	Al	1
	Facility	Peer	Peer Group % Ratio		Group	Peer Group		Faci	lities
	%	용			% Ratio		Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.0	87.6	1.02	84.0	1.06	84.0	1.06	87.4	1.02
Current Residents from In-County	83.0	77.0	1.08	80.7	1.03	76.2	1.09	76.7	1.08
Admissions from In-County, Still Residing	26.6	25.0	1.07	21.5	1.24	22.2	1.20	19.6	1.35
Admissions/Average Daily Census	112.4	107.5	1.05	135.6	0.83	122.3	0.92	141.3	0.80
Discharges/Average Daily Census	116.5	108.9	1.07	137.2	0.85	124.3	0.94	142.5	0.82
Discharges To Private Residence/Average Daily Census	59.8	48.3	1.24	62.4	0.96	53.4	1.12	61.6	0.97
Residents Receiving Skilled Care	94.3	93.7	1.01	94.8	0.99	94.8	0.99	88.1	1.07
Residents Aged 65 and Older	86.4	88.4	0.98	94.5	0.91	93.5	0.92	87.8	0.98
Title 19 (Medicaid) Funded Residents	64.8	66.9	0.97	71.9	0.90	69.5	0.93	65.9	0.98
Private Pay Funded Residents	19.3	18.9	1.02	17.4	1.11	19.4	0.99	21.0	0.92
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	44.3	46.3	0.96	31.8	1.39	36.5	1.21	33.6	1.32
General Medical Service Residents	15.9	16.7	0.95	21.1	0.75	18.8	0.85	20.6	0.77
Impaired ADL (Mean)	43.4	47.8	0.91	47.6	0.91	46.9	0.92	49.4	0.88
Psychological Problems	35.2	63.4	0.56	57.6	0.61	58.4	0.60	57.4	0.61
Nursing Care Required (Mean)	7.0	7.3	0.95	7.8	0.90	7.2	0.97	7.3	0.95